14020152588

FEC FORM

STATEMENT OF ORGANIZATION

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FORM 1		Ond	~1412/	A1101	•	•						
								0	fice Use	Only		
NAME OF COMMITTEE (in	ı full)	(Check i is chang		Examp over th	le:If typing, type e lines.	9 1	2FE4N	15				
David Vitter	r for U.	S. Senate)									
	<u>i I ! I.</u>					1 1 1	1 1 1	11	<u> </u>			لـــا
	<u> </u>	<u> </u>	1 1 1			1 1 1	1 1 1	11		<u> </u>	1.1.	
ADDRESS (number ar	nd street)	2900 Clearview F	kwy			.1. 11	. 1 . 1 . 1	<u> l</u> l.	<u>i</u>			
X ◀ (Check if a	address	Suite 206	1 1 1		1 1 1 1 1	1 1	1 1 1	1 1	1 1	1 1 1	1. I	1.1
is changed	1)	Metairie CITY 🛦					LA ↓ TATE ▲	700		L ZIP CO	DE A	
COMMITTEE'S E-MA	AIL ADDRES	SS										
(Check if a is changed		wjvcpa@aol.c	com	1 1 1		<u></u>		.! -		<u> </u>	11	لـــ
		Optional Second	E-Mail Add	dress								
							1 1 1	1 1	1	1 1 1	1.1.	Ш
COMMITTEE'S WEB (Check if a is changed	address	PRESS (URL)				<u> </u>				1 1 1		
2. DATE 0	տ ′ Ե 1 02	D / Y Y Y Y 2004	Y									
3. FEC IDENTIFIC	CATION NU	MBER ►	Co	00394593								
4. IS THIS STATEM	MENT	NEW (N)	OR	×	AMENDED (A	A)						
I certify that I have e	examined th	s Statement and	to the best	of my kno	wledge and beli	ief it is t	rue, corre	ect and	comple	te.		
,				,	3	•	,		r			
Type or Print Name of	of Treasurer	William Vanderb	rook, Treasu	ırer								
Signature of Treasure	er <i>Willia</i>	n Vanderbrook, Trea	surer	w-		Da	te	м / 02	о о 14	/ V	v v 2014	Y
NOTE: Submission of		ous, or incomplete			-	_			penaltie	s of 2 U	.S.C. §40	37g.
Office Use	Ï			Fe	r further informati deral Election Com I Free 800-424-953	nmission	et:			FORN ed 06/20		

Local 202-694-1100

FEC F	Form 1 (Revised 02/2009)			Page 2
	COMMITTEE Ite Committee:			
(a) X	This committee is a prin	ncipal campaig	gn committee. (Complete the candidate information b	pelow.)
(b)	This committee is an au information below.)	uthorized com	mittee, and is NOT a principal campaign committee.	(Complete the candidate
Name of Candidate	David B Vitte	r 		
Candidate Party Affilia	ation REP	Office Sought:	House X Senate Presid	State LA
		coug.n.	Tiodos y Condio Trodo	District
(c)	This committee supports	s/opposes onl	ly one candidate, and is NOT an authorized committ	ee.
Name of Candidate				
Party Co	ommittee:			
(d)	This committee is a	NAT	(National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political	Action Committee (PA	(C):		
(e)	This committee is a sep	arate segrega	ated fund. (Identify connected organization on line 6.)	Its connected organization is
	Corporation		Corporation w/o Capital Stock	Labor Organization
	Membership Or	ganization	Trade Association	Cooperative
	In addition	ın, this commi	ittee is a Lobbyist/Registrant PAC.	
(f)	This committee supports committee. (i.e., nonconf		ore than one Federal candidate, and is NOT a separttee)	ate segregated fund or party
	In addition, this c	ommittee is a	Lobbyist/Registrant PAC.	
	In addition, this c	ommittee is a	Leadership PAC. (Identify sponsor on line 6.)	
Joint Fur	ndraising Representati	ve:		
(ġ)			pays fundraising expenses and disburses net proceeds of which is an authorized committee of a federal cand	•
(h)			pays fundraising expenses and disburses net proceeds ch is an authorized committee of a federal candidate.	for two or more political
Co	mmittees Participating in	Joint Fundr	raiser	
1.			FEC ID number C	
2.			FEC ID number C	
3.			FEC ID number C	
4.			FEC ID number C	

	FEC FORM I	T (Revised 02/2009)	Page 3
Wr	ite or Type Comn	mittee Name	
_ [avid Vitt	ter for U.S. Senate	
6.	Name of Any Co	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leaders	ship PAC Sponsor
V [TTERMAJO	ORITY COMMITTEE	
i			
<u> </u>	Mailing Address	PO BOX 75103	
	Ū		
		WASHINGTON DC 20013	<u> </u>
		CITY STATE	ZIP CODE
	Relationship:	Connected Organization Affiliated Committee X Joint Fundraising Representative Le	adership PAC Sponsor
	Custodian of Rebooks and record	ecords: Identify by name, address (phone number optional) and position of the person in pods.	ssession of committee
		William Vanderbrook	t
i	Full Name	,2900 Clearview Pkwy	-
ĺ	Mailing Address		
		Suite 206	
		Metairie LA 70006	
	Title or Position	CITY STATE	ZIP CODE
	Treasurer	Telephone number 504 -	455 - 0762
3. 1 a	Freasurer: List the any designated ac	ne name and address (phone number optional) of the treasurer of the committee; and the na gent (e.g., assistant treasurer).	me and address of
F	ull Name	William Vanderbrook	1
C	of Treasurer		
ŗ	Mailing Address	2900 Clearview Pkwy	
		Suite 206	
		Metairie LA 70006	
Т	itle or Position	CITY STATE	ZIP CODE
<u>[</u>	Treasurer	Telephone number 504 -	455 - 0762

FEC Form 1	(Revised 02/2009)		Page 4
Full Name of			
Designated Agent	<u> </u>		<u> </u>
Mailing Address			
			1 1 1 1 1 1 1
	CITY	STATE	ZIP CODE
Title or Position			
		Telephone number]
			<u></u>
safety deposit boxes	positories: List all banks or other depositories in whi	ch the committee deposits fund	ls, holds accounts, rents
Name of Bank, Dep	ository, etc.		
	letairie Bank		
<u> </u>	letairie Bank		11111
	letairie Bank		
<u> </u>	letairie Bank 3344 Metairie Road		
<u> </u>	letairie Bank	LA 7	70004
<u> </u>	letairie Bank 3344 Metairie Road Liting Indian In	LA 7	70004 ZIP CODE
<u> </u>	Metairie Bank 3344 Metairie Road Metairie Metairie CITY	<u> </u>	<u> </u>
Mailing Address	1etairie Bank 3344 Metairie Road Metairie CITY Distory, etc.	<u> </u>	<u> </u>
Mailing Address	1etairie Bank 3344 Metairie Road Metairie CITY Distory, etc.	STATE	<u> </u>
Mailing Address Name of Bank, Depo	1etairie Bank 3344 Metairie Road Metairie CITY Distory, etc.	STATE	<u> </u>
Mailing Address Name of Bank, Depo	1etairie Bank 3344 Metairie Road Metairie CITY Distory, etc.	STATE	<u> </u>

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revised	d 06/2011)			Page 5
Banks or Other Depositorie safety deposit boxes or main Name of Bank, Depository, e	tains funds.	itories in which the committe	ee deposits funds,	holds accounts, rents [ADDITIONAL]
Mailing Address	1101 FREDERICK ST			
	HAGERSTOWN		LMD [21740
	CITY 4	ı	STATE 4	ZIP CODE 🛕
Name of Any Connected Or	rganization, Affiliated Committee	, Joint Fundraising Repre	sentative, or Lea	[ADDITIONAL] dership PAC Sponsor
Mailing Address			يسب	
		لياساسا	ا ليا	
Relationship:	CITY	.	STATE 4	ZIP CODE
Connected Organization	Affiliated Committee	Joint Fundraising Repres	entative Le	adership PAC Sponsor
Designated Agent				[ADDITIONAL]
Full Name			<u> </u>	
Mailing Address				
Title or Position ₩	CITY	•	STATE#	ZIP CODE
		Telephone	number	
Joint Fundraiser Participant				[ADDITIONAL]
1 1 1 1 1 1 1 1 1 1 1		l FEC	number C	<u> </u>
	· · · · · · · · · · · · · · · · · · ·			

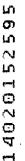
FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revise	d 06/2011)	· - · · · · ·	Page 6
Banks or Other Depositoris safety deposit boxes or main Name of Bank, Depository, e	stains funds.	e committee deposits funds,	holds accounts, rents
į FIRS)	Г ВАЛК АЛД ТRUŞT		
Mailing Address	909 POYDRAS ST		
	SUITE 100		
	NEW ORLEANS	النا لنا	70112
	· CITY 🗖	STATE △	ZIP CODE 🛕
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundrais	ing Representative, or Lead	[ADDITIONAL] dership PAC Sponsor
سسسس			
	<u> </u>		
Mailing Address			
	<u> </u>	1111111	
		ا ليا ليا	
delationship:	CITY .	STATE 🏝	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundrais	ing Representative Lea	adership PAC Sponsor
Designated Agent			[ADDITIONAL]
Full Name			
Mailing Address			
_	<u></u>		
Title or Position	CITY 🛦	STATE#	ZIP CODE 4
		Telephone number	
Joint Fundraiser Participan	nt .		[ADDITIONAL.]
		FEC ID number C	

FORM 1S -STATEMENT OF ORGANIZATION (Supplemental Page)

FEC Form 1S (Revise	d 06/2011)		Page 7
Banks or Other Depositori safety deposit boxes or mair Name of Bank, Depository, e	ntains funds.	committee deposits funds	, holds accounts, rents
[BB _] &]	T 		
Mailing Address	1909 K STREET NW		
	<u> </u>	<u> </u>	
	WASHINGTON		20006
	CITY 🙇	STATE △	ZIP CODE 🛕
Name of Any Connected O	rganization, Affiliated Committee, Joint Fundraisir	ng Representative, or Lea	[ADDITIONAL] dership PAC Sponsor
			
			
Mailing Address	Lianian in the second s		
	<u> </u>	<u> </u>	
	<u> </u>	ا ليا ليب	
Relationship:	CITY▲	STATE 4	ZIP CODE
Connected Organization	Affiliated Committee Joint Fundraisin	g Representative Le	adership PAC Sponsor
Designated Agent		-	[ADDITIONAL]
Full Name			
Mailing Address			
		· <u>-</u> -	
Title or Position	CITY #	STATE	ZIP CODE
	Te	elephone number	- -
Joint Fundraiser Participan			[ADDITIONAL]
1		FEC ID number	
		FEC ID number C	

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DANA K MECALLUM SUPERINTENDENT

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United States Senate

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